



CREDIT CARD AUTHORIZATION

GUEST NAMES: _____

TOUR/TRIP NAME: _____

I AUTHORIZE CREDIT CARD PAYMENT FOR THE FOLLOWING:

_____ DEPOSIT ONLY

_____ FULL PAYMENT OF TOUR / CRUISE

_____ ADDITIONAL TRAVEL EXPENSES / TAXES / FEES

_____ AIR TRAVEL / VALUE ADDED EXCURSIONS

_____ OTHER _____

AMOUNT TO BE CHARGED:\$ _____

CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

CARD NUMBER _____ **EXP DATE:** _____ / _____

NAME ON CARD _____ **3 DIGIT CODE ON CARD:** _____

CARD BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

SIGNATURE: _____

FAX COMPLETED FORM TO: 480-218-5135